



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH

LANSING

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In Support of SB 728 – Michigan Care Improvement Registry

Introduction

The purposes of this legislation are to expand the scope and improve the utility of the state immunization registry. The bill does three things:

1. It would remove the age cap on the immunization registry so all persons, not just children, could have a comprehensive record of immunizations received.
2. The bill would remove a barrier that prevents data in the immunization registry from being integrated with other public health data, such as childhood lead testing status, that could improve public health and individual health care.
3. And, the bill updates the statute to reflect current immunization practices.

Background

During the early 1990s, there was an effort to establish a comprehensive immunization registry so all Michigan citizens could have a record of the immunizations they received throughout their lifetime. However, at that time there were concerns about the capacity of the registry to assure individual privacy. Since childhood immunizations were already mandated and immunization records were already maintained for school entry, the Legislature decided to limit the registry to children. Thus, in 1997, the Michigan Childhood Immunization Registry was established.

When a child is immunized, an entry is made on his or her record in the registry. The child's parents, physician, and school can use that record to verify that required immunizations are received. However, when the child reaches age 20, the statute requires the record to be deleted. Adults who request their immunization records are surprised to learn that they are no longer available. Examples of adults who need such records include persons entering the military or enrolling in post-secondary education programs. Without documentation of vaccination, many individuals are unnecessarily re-vaccinated.

The immunization registry has been in operation for eight years and is a real public health success. Childhood immunization rates have improved substantially. Parents, physicians, and schools have become strong partners in reducing the prevalence of vaccine-preventable diseases. In the intervening years there have been a number of significant public policy changes that increased the protection of health information and privacy. The federal Health Insurance Portability and Accountability Act (known as HIPAA) and the resulting federal privacy regulations have reduced the possibility that health data systems like the immunization registry could jeopardize individual privacy. Subsequent amendments to Part 26 of the Michigan Public Health Code further protect privacy. Those amendments required the department to establish procedures to protect the confidentiality of and to regulate the disclosure of data and records contained in a departmental data system or system of records.

Need for Amendments

In addition to providing adults with their immunization records, these amendments would improve the routine care of infants and children by enabling this data to be integrated with other public health data systems, such as newborn screening, hearing and vision screening, and blood lead analysis reporting. Just as the registry has provided medical providers and school personnel with the immunization status for children and helped increase our immunization rates, the same registry could be used for the same purpose to report lead testing status on our youngest children and help to assure that the testing rate of 80% prescribed in law this past year for Medicaid Health plans is more readily measured and achieved.

Adult immunization levels, particularly for influenza and pneumococcal vaccines, fall far short of the goals set by Healthy People 2010. Often times, adults don't know what immunizations they've received. The ability to monitor that individuals have been vaccinated and use of the reminder function of the registry will help to increase the number of adults who are appropriately vaccinated. Not only will this protect individuals, it will also reduce the prevalence of disease and the need to use antibiotics and other health care services and resources.

This bill would also improve adult health and public health emergency preparedness. Currently, the statute prevents the department from integrating immunization data with other public health data in compliance with Part 26 of the Public Health Code. That is, the department may only use the registry for childhood immunizations. In the event of a public health emergency, the department and local health departments must have the ability to track certain vaccines and medications that are used to control communicable disease for both children and adults. For example, the state's pandemic influenza plan requires the department to track certain pharmaceutical resources that would be in limited supply, such as antibiotics and antiviral agents. The immunization registry has the capacity to do this. Eliminating this statutory barrier would enable the department to fulfill these requirements without creating a new and redundant system.

Conclusion

This bill is consistent with recommendations of the Centers for Disease Prevention and Control, Advisory Committee on Immunization Practices (ACIP); and with the American Academy of Pediatrics and the American Academy of Family Physicians. The department and the Michigan Advisory Council on Immunization support this bill.

